GAPS PRODUCTION SYSTEM
EXTERNAL USER ACCESS REQUEST FORM

ORAGANIZATION NAME _____

SECTION I: **DUNS No.** _____ **TAX ID No.** _____

SECTION II: **USER IDENTIFICATION**

User Name: _____
                        (Last)   (First)   (MI)

User Signature: _____

Telephone #: (____) _____ **Date of Birth:** _____

Internet Address: _____
                        (Official address for ED electronic correspondence)

Individual Email: _____

Individual Social Security Number: _____ -_____ - _____

(Furnishing the Social Security Number information on this form is voluntary, but failure to do so may result in denied access to GAPS)

Is this user a Servicer?   **[   ]   YES**   **[   ]   NO**   (*Mark only one with an "X"*)

If you checked "YES" above for a Servicer, please give the Servicer address otherwise provide the Organization address below.
Address: _____   _____   _____

SECTION III: **GAPS ACCESS**
{   } Full   **{   } View Only**   (*Mark only one with an "X"*)

SECTION IV: **USER ACKNOWLEDGMENT AND ACCEPTANCE OF REPONSIBILITIES:**
    a.   Know the sensitivity of the information processed in GAPS which is financially sensitive and privacy sensitive.
    b.   Protect sensitive information from access by, or disclosure to unauthorized personnel.
    c.   Create and use a combination of alphanumeric character passwords and not disclose your password to anyone.

SECTION V: **AUTHORIZATION:**

Authorized by: _____ **Title:** _____

Signature: _____ **Date:** _____ **Telephone#:** _____

(10/17/00)